Committee Name:	FEC MAIL CENTER
In Our Mothers Name	TESTINE SERVER
If registered, FEC ID:	
Today's Date:	
August 3, 2012	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Julia Dennis

Treasurer

## 12050871582

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 AUG -6 PM 12: 15

l.	NAME OF COMMITTEE (in full)		(Check if name is changed)		nple:If typing, type the lines.	12 FEMMA	IL CENTER
Ī	NIBURIMOTIF	HE1215	NAME			1 1 1 1	
٩D	DDRESS (number and street) 739 WILLSON AVENUE						
u t	(Check if address is changed)			111			
			iki Eigioini Itya	111		MI 4	9,4,4,1 - 3,0,4,0 ZIP CODE A
co	MMITTEE'S E-MAIL ADDRES	ss	•			• • .	
š	(Check if address is changed)	Biria	I Pi NOUI	rımı oıt	- hiervisiniaim	e DICIGIMI	
	, io analigou,	Optional	Second E-Mail A	ddress			
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COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)  INDIVIDIAL OF HERISINIAL HEIGE COMMITTEE COMMITTE							
			11111	1 1	1 1 1 1 1 1 1 1 1		
2.	DATE 0.1 34	2	012				
3. FEC IDENTIFICATION NUMBER      C							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Julia Denais							
Type or Print Name of Treasurer    Julia Dennis							
NO	TE: Submission of false, errone		•	-	ject the person signing t		penalties of 2 U.S.C. §437g.
	Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

TYPE	OF C	OMMITTEE			
Can	Candidate Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	f	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate				
Candidate Party Affiliati		Office State Senate President District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Part	v Con	nmittee:			
(d)	تا	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		Corporation Corporation w/o Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
	,	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	M	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Committees Participating in Joint Fundraiser				
	1.				
	2.	FEC ID NUMBER .			
	3.	FEC ID number C			
	4.	FEC ID number			

Write or Type Committee Nar	ne	
IN OUR MOT	HEES NAME	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leadership PAC Sponsor
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising	g Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and posi	tion of the person in possession of committee
Full Name Juil	IJA DENNNIJS I	
Mailing Address	7,3,9, WILLISION AVENUE	
	MINISHLEGOIN	MI 49441-3040
Title or Position	CITY	STATE ZIP CODE
EXECULTIVE	Telephone nui	mber 2:3:1 - 7:4:0 - 6:3:0:6
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
Full Name of Treasurer	ITA DENNITIS	
Mailing Address	71319 WIELSON AVENUE	
	MINISIKIEGONI	MI 41914141 - 3101410
Title or Position	CITY	STATE ZIP CODE
EXICUTION	Telephone nur	mber 231-740-6306

Full Name of Designated Agent	July Ela Diriminizio
Mailing Address	7,3,9, WELSON, A,VENUE, ,,,,,,,,,
	MIUISIKIEIGIOINI I I   MIJ   419141 - 3101410   STATE ZIP CODE
Title or Position	「LV 「 A 「 D
	Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents oxes or maintains funds.  Depository, etc.
•	I SIT   GENERIAL   CREIDITT   UNION
Mailing Address	5,8,9;  E A S T   E L L E S   R d
	1

M14151K1 E16101N1 1 1 1 1 1 1 1

CITY

Page 4

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address			<del></del>
		<u> </u>	
	CITY	STATE	ZIP CODE

MI

STATE

4,9,4,4,1-

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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USPS Express Mail	Postmarked 8/3/1		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
	Next Business Day Delivery		
Received from House Records & Registrat	Date of Receipt ion Office		
Received from Senate Public Records Office	Date of Receipt ce		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
4mb	8/4/12		
PREPARER (3/2005)	DATE PREPARED		
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